

03143801

STATE IDENTIFICATION NUMBER
(If Applicable)

US EPA RECORDS CENTER REGION 5



461298

ILD000805911
EPA IDENTIFICATION NUMBER2.2
3/15/84RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility StandardsI. General Information:

(A) Facility Name: Safety-Kleen Corp.
(B) Street: 1500 Villa Street
(C) City: Elgin (D) State: Illinois (E) Zip Code: 60120
(F) Phone: (312) 697-1824 (G) County: Cook Co.
(H) Operator: Same
(I) Street: _____
(J) City: _____ (K) State: _____ (L) Zip Code: _____
(M) Phone: _____ (N) County: _____
(O) Owner: Safety Kleen Corp
(P) Street: 655 Big Timber Road
(Q) City: Elgin (R) State: Illinois (S) Zip Code: 60120
(T) Phone: (312) 697-8460 (U) County: ~~Cook~~ KANE
(V) Date of Inspection: 3/15/84 (W) Time of Inspection (From) 2:30 pm (To) 4:30 pm
(X) Weather Conditions: Cloudy 30

Rev. 3-6-81/J.B.

IL 532-0894
LPC 92 12/81

III. GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	<u> </u>	<u> </u>	<u> X </u>	<u>DOES NOT APPLY</u>
2. Facility expansion?	<u> X </u>	<u> </u>	<u> </u>	<u>DRUM STORAGE INCREASED</u>
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
2. Artificial or natural barrier around facility?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
3. Controlled entry?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
4. Danger sign(s) at entrance?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?	<u> </u>	<u> X </u>	<u> </u>	<u>NONE TO REPORT</u>
2. Records of operator error?	<u> </u>	<u> X </u>	<u> </u>	<u>NONE TO REPORT</u>
3. Records of discharges?		<u> X </u>		<u>NONE TO REPORT</u>

IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

(A) Maintenance and Operation
of Facility:

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

Yes No NI* Remarks

___ X ___

WATER PURIFICATION UNIT
EXPLODED AS A RESULT OF A
NATURAL GAS LEAK

(B) If required, does the facility
have the following equipment:

1. Internal communications or
alarm systems?
2. Telephone or 2-way radios
at the scene of operations?
3. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

X ___

X ___

X ___

Indicate the volume of water and/or foam available for fire control:

(C) Testing and Maintenance of
Emergency Equipment:

1. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?
2. Is emergency equipment
maintained in operable
conditions?

X ___

X ___

(D) Has owner or operator provided
immediate access to internal
alarms? (if needed)

X ___

*Not Inspected

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - Continued

	Yes	No	NI*	Remarks
(B) Are copies of the Contingency Plan available at site and local emergency organizations?	<u>X</u>	___	___	VERIFIED BY CONTACTING ELGIN FIRE PREVENTION DEPT.
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	<u>X</u>	___	___	_____
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	<u>X</u>	___	___	_____
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<u>X</u>	___	___	_____
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	<u>X</u>	___	___	_____

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (Part 265 Subpart E)

	Yes	No	NI*	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each manifest?	<u>X</u>	___	___	_____
2. Are records of past shipments retained for 3 years?	<u>X</u>	___	___	_____
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	<u>X</u>	___	___	_____

VII. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
(A) Closure and Post Closure				
1. Is the facility closure plan available for inspection by May 19, 1981?	<u>X</u>	___	___	_____
2. Has this plan been submitted to the Regional Administrator	___	___	<u>X</u>	<u>NOT REQUIRED</u>
3. Has closure begun?	___	<u>X</u>	___	_____
4. Is closure estimate available by May 19, 1981?	<u>X</u>	___	___	_____
(B) Post closure care and use of property				
Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)	___	___	___	<u>X</u> <u>NOT REQUIRED</u>

VIII. FACILITY STANDARDS
(Part 265, Subparts I thru R)

I
USE AND MANAGEMENT OF CONTAINERS

Facility Name: SAFETY KLEEN Date of Inspection: 3/15/84

	Yes	No	NI*	Remarks
1. Are containers in good condition?	<u>X</u>	___	___	_____
2. Are containers compatible with waste in them?	<u>X</u>	___	___	_____
3. Are containers stored closed?	<u>X</u>	___	___	_____
4. Are containers managed to prevent leaks?	<u>X</u>	___	___	_____
5. Are containers inspected weekly for leaks and defects?	<u>X</u>	___	___	_____
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)	<u>X</u>	___	___	_____

IV. Open Burning

A. Only complete this part if the facility open burns hazardous waste.

	Yes	No	NI*	Remarks
1. Does this facility burn <u>only</u> waste explosives? (A <u>No</u> answer means <u>other</u> hazardous waste is open-burned.)	_____	_____	_____	
2. If this facility open-burns waste explosives, does it burn the waste at a distance greater than or equal to the minimum specified distance (below)	_____	_____	_____	

Pounds of waste explosives or propellants	Minimum distance from open burning or detonation to the property of others	
0 to 100.....	204 m	670 ft
101 to 1,000.....	380 m	1,250 ft
1,001 to 10,000.....	530 m	1,730 ft
10,001 to 30,000.....	690 m	2,260 ft

Q

CHEMICAL, PHYSICAL and BIOLOGICAL TREATMENT

Facility Name: SAFETY KLEEN

Date of Inspection: 3/15/84

	Yes	No	NI*	Remarks
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure?	<u>X</u>	_____	_____	
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system?)	<u>X</u>	_____	_____	

	Yes	No	NI*	Remarks
3. Name and EPA ID Number of Transporter(s)?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
6. The total quantity of waste(s) and the type and number of containers loaded?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
7. Required certification?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
8. Required signatures?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(C) Does the owner or operator submit exception reports when needed?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>

2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off-site)	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site)	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(C) If required, are placards available to transporters of hazardous waste?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>

X
TRANSPORTER REQUIREMENTS
40 CFR Part 263

Complete this Section if the owner or operator transports hazardous waste.

I. MANIFEST SYSTEM AND RECORDKEEPING
(Subpart B)

	Yes	No	NI*	Remarks
Are copies of the completed manifests or shipping paper(s) available for review and retained for three years?	<u>X</u>	___	___	

II. INTERNATIONAL SHIPMENTS

Does the transporter record on the manifest the date the waste left the U.S.?	___	___	<u>NA</u>	
B. Are signed completed manifest(s) on file?	___	___	<u>NA</u>	

V. MISCELLANEOUS

A. Does transporter transport hazardous waste into the U.S. from abroad?	___	<u>X</u>	___	
B. Does the transporter mix hazardous waste of different DOT shipping descriptions by placing them into a single container?	<u>X</u>	___	___	

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must comply with the Generator regulations.

*Not Inspected

L P C F C O 5 5 C
(1) (8) (9)

ILD000805911

OBSERVATION REPORT - SITE INVENTORY NO. 03143801
(11) (18)

COOK

CO. - L.P.C.

Region # N

Date 03/15/84

(20) (25)

ELGIN

/ SAFETY KLEEN

Letter Sent (Yes or No) Y
(26)

(Location)

(Responsible Party)

Samples Taken: Yes () No (X) Time: From 02:30 P m

Weather CLOUDY 30

Ground Water() Surface() Other()

To 04:30 m

Photos Taken: Yes () No (X)

Interviewed KEVIN HERSEY

Inspector L A C
(27) (29)

Previous Inspection 10-24-83

Previous Correspondence 8-17-82

Site Open: Yes(X) No()

OPERATIONAL STATUS:

TYPE OF OPERATION:

AUTHORIZATION:

Operating (X)

Landfill ()

Storage ()

E.P.A. Permit (X)

Temporarily Closed ()

Random Dump ()

Salvage ()

Variance ()

Closed Not Covered ()

Other RECYCLE STOR(X)

A.C.D. ()

21(e) ()

Closed and Covered ()

Quantity Received Daily(1-6)

1

Board Order ()

(30)

Illegal (5) ()

IMPROVED

Apparent Non-
Compliance (5) ()

VE

31

DETERIORATED

I S or D S
(62)

GENERAL REMARKS: SAFETY KLEEN SERVES AS A RECYCLING FACILITY FOR THE PARTS CLEANER AND IMMERSION CLEANER USED IN THE PARTS CLEANER SERVICE OPERATED BY THE COMPANY. THE SITE ALSO ACCEPTS CHLORINATED SOLVENTS FROM INDUSTRIAL SOURCES FOR RECOVERY. THE SOLVENTS FALL INTO THE CLASSIFICATION OF P002 AND P004. SOLVENTS ARE RECLAIMED VIA GRAVITY SEPARATION AND DISTILLATION. THIS PROCESS GENERATES STILL BOTTOMS, WASTEWATER, BOTTOMS OIL, CONCENTRATED SLUDGE STILL BOTTOMS, AND REJECTED SOLVENTS.

ONLY ONE APPARENT VIOLATION WAS NOTED AT THE TIME OF THE INSPECTION. THAT WAS INADEQUATE AISLE SPACE IN THE DRUM STORAGE AREA.

INTERVIEW:

DIAGRAM:

